

04/27/98
JG135 U.S. PTO

TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	7466-2301
	First named inventor	Hubert Köster
	Express mail label #	EM468592435US
	Date of mailing	April 27, 1998
Application Elements	Accompanying Application Papers	
1. [X] Fee Transmittal Form 2. [X] Specification No. Pages <u>78</u> (including Abstract) a. Title: SOLUTION PHASE BIOPOLYMER SYNTHESIS b. Number of claims: <u>49</u> 3. [] No. sheets of drawings <u>0</u> with <u>0</u> Figs. 4. [X] Unexecuted Declaration listing names of joint inventors 5. [] Sequence Listing [] Paper copy (identical to computer copy) [] Computer readable copy [] Verified statement	6. [] Assignment papers 7. [] Statement of status as small entity 8. [X] Return Receipt Postcard	
SIGNATURE OF ATTORNEY/AGENT		
BROWN MARTIN HALLER & McCLAIN  Stephanie Seidman Registration Number: 33,779		
If a continuing application: N/A [] continuation [] Divisional [] continuation-in-part of prior U.S. application Serial No.		
CORRESPONDENCE ADDRESS		
NAME	Stephanie Seidman Registration No. 33,779 Brown, Martin, Haller & McClain	
Address	1660 Union Street, San Diego, California 92101	
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FEE TRANSMITTAL ACCOMPANYING UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	7466-2301
	First named inventor	Hubert Köster
	Express mail label #	EM468592435US
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FEE CALCULATION FOR CLAIMS AS FILED

a)	Basic Fee	\$ 790.00
b)	Independent Claims <u>3</u> - 3 = 0 x \$ 82.00	\$.00
c)	Total Claims <u>49</u> - 20 = <u>29</u> x \$ 22.00	\$ 638.00
d)	Fee for Multiple Dependent Claims - \$260.00	\$ 0.00
	TOTAL FILING FEE	\$ 1428.00

- [X] Statement(s) of Status as Small Entity
reducing Filing Fee by one-half to
(to be submitted under separate cover) \$714.00
- [X] A check in the amount of \$714.00 to cover the fee for filing the application.
- [] Charge \$____ to Deposit Account No. 02-4070.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and additional claim fees, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 02-4070. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-4070 during the entire pendency of this application. This sheet is filed in duplicate.

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Submitted by:					
Typed or printed name	Stephanie Seidman		Reg. Number	33,779	
Signature		Date	04/27/98	Deposit Account	02-4070